



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name LAMON	First Name Robert	Middle Name Everett	Nickname Bob Dead Body Bob	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 1802 Cunningham Rd		5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City Indpls	State IN	ZIP Code 46224	8. County Marion	9. Telephone (Day) (317) 637-5339
				10. Telephone (Evening) (317) 710-4837
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion Co. Coroner	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Robert LAMON for Marion Co. Coroner				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 1802 Cunningham Rd		15. FAX (Optional) NA		16. E-mail Address (Optional) blamon.IPLS@ATT.net
17. City Indpls	State IN	ZIP Code 46224	18. County Marion	19. Telephone (317) 637-5339
				20. Committee Organization Date (MM-DD-YY) 12/1/2016
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Robert E. LAMON				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 1802 Cunningham Rd		23. FAX (Optional) ()		24. E-mail Address (Optional) blamon.IPLS@ATT.net
25. City Indpls	State IN	ZIP Code 46224	26. County Marion	27. Telephone (Day) (317) 637-5339
				28. Telephone (Evening) (317) 710-4837
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Wanda L. LAMON		Signature of the Committee Chairperson <i>[Signature]</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Wanda L. LAMON				
34. Mailing Address <input type="checkbox"/> Check if this is a new address 1802 Cunningham Rd		35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Indpls	State IN	ZIP Code 46224	38. County Marion	39. Telephone (Day) (317) 637-5339
				40. Telephone (Evening) (317) 710-4837

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Robert E. LAMON	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) 1/6/2016
43. Typed or Printed Name of Candidate Robert E. LAMON	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) 1/6/2016

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myla A. Eldridge

JAN 06 2016

FILED